2026 – 2027 Fall/Winter Junior Tennis Programs

September 8, 2026 to February 7, 2027 • 20-Week Sessions

Tecnifibre | PA PASS ACADEMY | Onelife FITNESS

8 & UNDER

RED BALL (Ages 4 – 7 yrs.)

Students will be using red dot low compression balls while focusing on hand eye coordination, footwork, stroke mechanics, and balance. they will be using mini nets for dynamic drills preparing players for the next level.

- ☐ Saturdays: 10:00am – 11:00am
- ☐ Sundays: 10:00am – 11:00am

10 & UNDER

ORANGE OR GREEN BALL (Ages 7 – 10 yrs.)

Students will be using either orange dot low compression balls on a 60' court or green dot low compression balls on a full size court. the main points of emphasis will be technique and footwork, with an introduction to rallying and point play.

- ☐ Mondays: 4:00pm – 5:00pm
- ☐ Wednesdays: 4:00pm – 5:00pm
- ☐ Fridays: 4:00pm – 5:00pm
- ☐ Saturdays: 11:00am – 12:00pm
- ☐ Sundays: 11:00am – 12:00pm

11 & OLDER: GREEN BALL

GREEN BALL (Ages 11+ yrs.)

Students will be using green dot low compression balls. Drills will be preparing them to use traditional yellow balls. Players will be engaging in more advanced drills and competitive rallying.

- ☐ Mondays: 4:00pm – 5:00pm
- ☐ Wednesdays: 4:00pm – 5:00pm
- ☐ Fridays: 4:00pm – 5:00pm
- ☐ Saturdays: 12:00pm – 1:00pm
- ☐ Sundays: 12:00pm – 1:00pm

11 & OLDER: YELLOW BALL

YELLOW BALL (Ages 11+ yrs.)

Students will be using yellow balls to continue to develop their tennis game. the class consists of complex fed drills, competitive "live ball" drills, continued physical conditioning and increased focus on tennis strategy during competitive play.

- ☐ Mondays: 4:00pm – 5:00pm
- ☐ Wednesdays: 4:00pm – 5:00pm
- ☐ Fridays: 4:00pm – 5:00pm
- ☐ Saturdays: 12:00pm – 1:00pm
- ☐ Sundays: 12:00pm – 1:00pm

Please select class group and sign up by using the form on the reverse side.
All classes are 20-week sessions. Each class: Member $650 Non-Member $800

PROGRAM DETAILS

Start of Session – September 8, 2026 | End of Session – February 7, 2027 | NO CLASSES: Nov 26 – 27, 2026 & Dec 21 – Jan 3, 2027.
MAKE UP & CREDIT POLICY: Make up classes may be scheduled on a space available basis for missed classes, with a limit of 3 make up classes per student. You must email Keith to schedule a make up class. A credit may be issued due to a medical condition (letter from Doctor). NO REFUNDS WILL BE ISSUED ONCE THE CLASS HAS BEGUN.

ONELIFE FITNESS – SKYLINE

5115 LEESBURG PIKE, FALLS CHURCH, VA 22041

QUESTIONS? Email kbennett.passacademy@gmail.com

2026 – 2027 Fall/Winter Junior Tennis Programs Registration

September 8, 2028 to February 7, 2027 • 20-Week Sessions

Player's Name_____ Age_____

Address_____ City_____ State_____ Zip_____

Parent's Name_____ Phone_____ Email Address_____

Member? ☐ Yes ☐ No If yes, Member#_____

Total Fee $_____

Payment Form:

☐ AMEX ☐ MC ☐ VISA ☐ Discover ☐ Card On File ☐ Check (Payable to U.S. Fitness) Total Charges $_____

Name on CC_____ CC #_____

Exp. Date_____ Zip Code_____ Signature/Date_____

I give Onelife Fitness permission to charge the credit card or club account provided by me.

MEDICAL INFORMATION

Please list any limitations, injuries, medical conditions or health factors which may inhibit or limit player's activity:

_____

Allergies_____

Physician's Phone_____

Policy#_____

Relationship_____

Player's Physician_____

Insurance Company_____

Emergency Contact_____

Phone_____

MEDICAL AUTHORIZATION

When I or the emergency contact cannot be reached, I give my consent and permission for the named doctors to provide medical attention to my child. In the event that the doctors listed cannot be contacted or in the event of an emergency I give any licensed physician, dentist, hospital or health care provider consent to perform emergency medical treatment at my expense as deemed necessary for the well-being of my child. This may include transportation to the nearest emergency room.

Parent Signature_____

Date_____

PASS ACADEMY OF VA LLC

Student Name_____

It is understood that the student is in overall good physical health.
In the event that there is a physical condition that may limit or restrict participation in certain activities, a physicians note must be presented.

RELEASE

In consideration of the tennis training, I agree to hold Pass Academy of Va LLC harmless for injury or loss that may occur as of result of my participation in this activity provide by Pass Academy of Va LLC.

_____

Signature *(to be signed by student or if a child by student's parent)*

RELEASE AND INDEMNITY

RELEASE: *Participant understands that engaging in programs and physical activities offered at the Onelife Fitness – Skyline Club premises involves certain risks, including, without limitation, death, serious neck and spinal injuries resulting in complete or partial paralysis, heart attacks, and injury to bones, joints, or muscles. Participant confirms that he/she is voluntarily participating in such programs and activities, including tennis programs, with knowledge of the dangers involved. In consideration of making the facilities and/or such programs and activities available, Participant hereby for and on behalf of Participant and Participant's heirs and legal representatives does hereby release and forever discharge USF S&H Virginia, LLC and its principals, contractors, affiliates, employees, equity holders, directors, managers, members, officers, agents, representatives, guests and invitees from any and all claims and demands of every kind, nature and character which Participant may have or hereafter acquire for any and all damages, injuries or losses which may be suffered or sustained by Participant in connection with any such program or activity.*

Signed_____ Date_____

Please print your name_____ (You must be 18 years of age or older to sign this form)

CHECK IF APPLICABLE:

☐ I am signing this Agreement not only for myself, but also on behalf of the following minor children for whom I am parent, legal guardian, custodian or otherwise legally responsible.

Please print name(s) of all minor children in your care visiting Onelife Fitness – Skyline_____